

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032738

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED SEP 10 1962

Primary Registration District No.

1003

Registrar's No.

8466

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

c. FULL NAME OF DECEASED (If outside corporate limits, give TOWNSHIP only)

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Illinois** COUNTY **Calhoun**c. CITY OR TOWN **Golden Eagle**

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

JESS**C.****MURPHY**

4. DATE OF DEATH

Month

Day

Year

AUGUST**29****1962**

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/15/1894

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Commercial Fisherman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Rockport, Illinois.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

George Murphy

13b. MOTHER'S MAIDEN NAME

Lou Stanley

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes W.W.#1

17. INFORMANT

Charles F. Murphy, Golden Eagle, Ill.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **TRANSITIONAL CELL CARCINOMA OF BLADDER WITH METASTASES**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

181-0

INTERVAL BETWEEN ONSET AND DEATH

1 YEAR

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **OCT. 23, 1961** to **AUG. 29, 1962** and last saw her alive on **AUGUST 29, 1962**Death occurred at **3:00 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

8/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9-1-62

23c. NAME OF CEMETERY OR CREMATORY

Nolls Cemetery

23d. LOCATION (City, town, or county)

Golden Eagle, Illinois.

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe Inc., 4700 Washington, Blvd. 10-31-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ed Smith, M.D.USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.